

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS.
CERTIFICATE OF DEATH**

Do not use this space.

36555

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kew Primary Registration District No. 1902
 City A. C. mo (No. 2322 Hendesty Ward)

File No. _____
 Registered No. 1075 St. _____ Ward)

2. FULL NAME Mrs. Dannah Ann Bryson

(a) Residence, No. 2322 Hendesty Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Le</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>G. J. Bryson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July - 7, 1857</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>4</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

13. NAME Wm. Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

15. MAIDEN NAME Mary Wash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT Mrs W. L. Moorman
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
Memorial Park DATE Nov - 15 - 33

19. UNDERTAKER Dunk & Tobin
(ADDRESS)

20. FILED Nov. 15 33 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 13, 1933

22. I HEREBY CERTIFY That I attended deceased from Mch, 1933, to Nov 13, 1933

I last saw her alive on Nov 8, 1933. Death is said

to have occurred on the date stated above, at 6:20 PM.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage of basal ganglia
Recurrent attacks in Mch 1933 & Nov 8, 1933

Other contributory causes (importance)
Arteriosclerosis

Name of operation _____ Date of _____

(What test confirmed diagnosis? _____ Was there an autopsy? _____)

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. M. Brown, M. D.

(Address) 2400 W. Main

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1933

Dr. Wm. Harris.

2400 Cypress St.

San Francisco